### Casa Esperanza Montessori

Before & After School Childcare Application **2024 - 2025** Academic Year



Program Annual Tuition	Installment amount (10	) months August-May)		
☐ <b>Before School</b> (7:00 am – 7:35 am) *Drop off will be between 7:00 - 7:30 am After 7:30 am you will have to join the carpool line*	\$840	\$84.00		
☐ After School (3:00 pm – 6:00 pm)  *Afterschool Pickup will start once carpool ends around 4:00 pm. If arriving earlier, you will have to join the carpool line*	□ \$3,150/ 5 day □ \$1,890 / 3 day (M-W-F) □ \$1,260/ 2 day (T-TH)	\$315.00 \$189.00 \$126.00		
☐ Before/After School 5 DAYS	\$3,990.00	\$399.00		
<ul> <li>A \$25 non-refundable registration fee is due at registration, per family.</li> <li>10% Sibling Discount / 10% Military Discount</li> <li>The Following Early Release days are INCLUDED in the After School Fee:         September 17, 2024 - November 5, 2024 - January 28, 2025 - April 29, 2025 - May 9, 2025</li> <li>Early Releases Days before a Holiday or School Break ARE NOT INCLUDED.</li> <li>October 3, 2024 - November 1, 2024 - November 26, 2024 - December 20, 2024 - January 17, 2025         February 14, 2025 - March 13, 2025 - April 17, 2025 - May 23, 2025 - May 29, 2025</li> <li>Teacher Work Days and Intersession camps ARE NOT INCLUDED in the After School Fee.</li> </ul>				

#### **STUDENT INFORMATION #1**

Student's Name	Gender		DOB	Grade 2024-2025
□I don't give permission for my child to be photographed for CEMCS'S website/ social media	М	F		
Health Information Allergies or Food Restrictions	requ sch	uire us 1	any health condi to take action d gram, i.e., astl :	uring the after-

#### **STUDENT INFORMATION #2**

Student's Name	Gen	der	DOB	Grade 2024-2025
□I don't give permission for my child to be photographed for CEMCS'S website/ social media	М	F		
Health Information Allergies or Food Restrictions	requii schoo	e us to	ny health condi take action du ram, i.e., asth	uring the after-

#### **STUDENT INFORMATION #3**

Student's Name			Gender M F	DOB	Gra	de 2024-2025
			IVI F			
Health Information Allergies or Food Restrictions		Please list any health conditions that may require us to take action during the after-school program, i.e., asthma, diabetes, seizures, etc.:				
NOTE: If your child has allergies or health/medical problems that may require attention from our staff (i.e. use of Rx medication, Epi-pens, inhalers), you must communicate that information with the Director of Childcare and complete the "Parent Request for Medication at School" provided by the school. Staff will coordinate any needed action.						
Emergency Medical Treatment In the event the above student/students become ill or sustain an injury while in the care of or under the supervision of Casa Esperanza Childcare Program coordinators and volunteers, they are permitted to administer first aid for the child's relief. In case of emergency, permission is given to take my child to the nearest appropriate emergency or clinic facility. I authorize CASA ESPERANZA MONTESSORI to obtain medical attention for my child in an emergency					y, permission is given	
PARENT/GUARDIAN SIGNATURE:						
Physician:	Physicia	n's P	hone Number:			
	Hospital Preference:					
PARENT/ GUARDIAN INFORMATION						
Primary Parent/ Guardian		Rela	ationship to Student	: Cell Pho	one	Work Phone
Email Address: Home Address:						
Secondary Parent/ Guardian	n Relationship to Student Cell Phone Work P		Work Phone			
Email Address: Home Address:						
□Yes □No (Please check the box to indicate whether the Secondary Contact needs to be included in all communication sent.						
EMERGENCY CONTACTS AND AUTHORIZED PERSON(S) TO PICK UP						
Both parents listed on the first page will be allowed to pick up unless otherwise stated in this section. Please list any parental pick-up restrictions: (Casa must have a copy of any court-ordered procedures relating to pick-up.)						
Please list additional persons allowed to pick up your child. This list is in addition to the parents. All persons will be required to show proof of identification upon pick up. In the event of an emergency, the following people may also be contacted:						
Name	Relationship to Student Cell Phone		l Phone			
Name		Relationship to Student Cell Phone		I Phone		
Name		Relationship to Student Cell Phone			I Phone	

### Casa Esperanza Montessori

# Authorization Agreement for Tuition Debit 2024-2025 **5 DAYS A WEEK**



Please indicate (by checking) the monthly installment amount(s) you are authorizing to have deducted monthly:

	Before School Ca	are After School	School		
Student's Name #1	○\$ 84.00	<b>\$315.0</b>	00 \$399.00		
Student's Name #2	○\$75.60	<b>\$283.5</b>	50 \$359.10		
Student's Name #3	○\$75.60	<b>\$283.</b> 5	50 \$359.10		
Total	\$	\$	\$		
I hereby authorize Casa Esperanza Montessori, Inc. to initiate debit entries to my checking/saving account indicated below and the financial institution named below to credit the same to such account.   □ Checking Account  □ Savings Account  Financial Institution					
City		•	Zip code		
Bank Transit /ABA Number Account number					
This authority is for monthly installment payments to be drafted. This authority is to remain in effect unless Casa Esperanza Most at such time and in such a manner as to afford Casa Esperandebit not go through due to insufficient funds in my account must be received at the school within five days of notifical	ntessori, Inc. has rec nza Montessori, Inc. a unt, a replacement p	eived written notific a reasonable oppor payment in the for	cation from me of its termination rtunity to act on it. Should the m of a check or money order,		

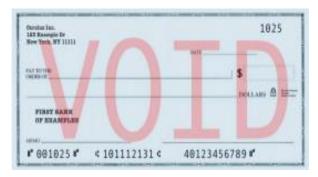
#### PLEASE ATTACH A VOIDED CHECK

Signature

Date

NSF fee.

Name

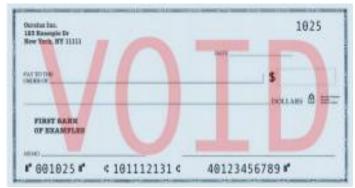


## Casa Esperanza Montessori Authorization Agreement for Tuition Debit 2024-2025 2 or 3 DAYS A WEEK



ricase indicate (by checking) the monthly ins	istallinent amount(s) you are authorizing to have deducted monthly.				
	Before School C	After School 2 DAYS Tue / Thu	After School 3 DAYS Mon / Wed / Fri		
Student's Name #1	○ \$ 84.00	<b>\$126.00</b>	<b>\$189.00</b>		
Student's Name #2	O \$75.60	<b>\$113.40</b>	O \$170.10		
Student's Name #3	O \$75.60	O \$113.40	O \$170.10		
Total	\$	\$	\$		
I hereby authorize Casa Esperanza Montesso financial institution named below to credit the Checking Account Savings Account Financial Institution	same to such account.	ecking/saving account	indicated below and the		
City State Zip code			code		
Bank Transit /ABA Number Account r		number	nber		
This authority is for monthly installment paym. This authority is to remain in effect unless Cas at such time and in such a manner as to affor debit not go through due to insufficient fur must be received at the school within five NSF fee.	sa Esperanza Montessori, Inc. has received Casa Esperanza Montessori, Inc. a rends in my account, a replacement pay days of notification of the full monthle	ved written notification easonable opportunity ment in the form of a y installment paymen	from me of its termination to act on it. Should the a check or money order, nt and an additional \$25		
Name	Signature	Da	ate		

#### PLEASE ATTACH A VOIDED CHECK



# Casa Esperanza Montessori Incorporated Before and After School Enrollment Contract

2024-2025 Academic Year



Student's Name #1 Grade 2024-2025		Grade 2024-2025			
Student's Name #2		Grade 2024-2025			
Student	's Name #3	Grade 2024-2025			
Parents	Names:	Address:			
Cell Pho	one:	Email Address:			
Program	n(s) Desired				
□ Before	e School Care (7:00 am to 7:35 am)				
□ After	School Care (3:00 pm to 6:00 pm)				
□ Before	e and After School Care				
	gned agrees with the following terms and conditions and initial each of the terms and conditions	and will pay the required fees for enrollment as specified.			
	I understand that the Academic Year charge for Full Time After School Care is \$ 3,150, Before School Care is \$840; and Before and/or After School Care is \$3,990.00.  *If joining the program after the first day of school or later, the annual tuition is prorated based on the number of days remaining*				
	I further understand that installment payments, as provided on the attached payment schedule, are due and payable on or before the 1 <sup>st</sup> of the month. Accounts not paid in full by the 5 <sup>th</sup> of the month will be assessed a \$25 late fee. I understand that if payment is not received by the 15 <sup>th</sup> of the month my child may be denied attendance until payments are current or my child's spot may be offered to a family on the waiting list. If any of my payments are returned by the bank, a \$25 returned check fee will be due immediately.				
I understand that my child's place in the Program(s) I have selected is to be reserved on behalf of my child only after Casa Esperanza Montessori Incorporated has notified me that my child has been accepted into the program.					
	I understand that if my child withdraws from the Program(s) during the academic school year, a 30-day writter notice must be sent to: the Director of Childcare Programs, Casa Esperanza Montessori, 10510 Star Road Wake Forest, NC 27587. In the event of any such withdrawal, I understand that I will be obligated to pay until the end of the 30-day notice period even if my child is not in attendance.				
	I understand that, by contracting for the entire year, I have been given a discount over single-day rates. Should I remove my child from the program before the completion of the school year, the total amount I owe will calculated as follows:  Before School Care is \$10.50/day; After School Care is \$21/day. These rates will be charged whether or not my child was absent from the program for any reason before the end of the 30-day notice period.				
	I understand that if a child must be excluded by provided; however, no further financial obligation	v an administrative decision from childcare, no refund will be will exist.			
	I understand the BASC late pick-up policy. I will be assessed a late pick-up fee of \$1.00 per minute/per of for each minute after 6 pm. I understand if my child is picked up late excessively without a valid reason that childcare services will be terminated.				
	I understand that all payments must be current to register for Programs in the following school year.				

I, the parent or guardian of the above-named child/children, hereby register him/her for participation in the Childcare Program and fully agree to the rules and regulations of the Casa Esperanza Montessori Charter School (CEMCS) parent handbook and do hereby release CEMCS and its directors, representatives, employees, and volunteers from any liability. I, the parent or guardians, release Casa Esperanza Montessori School from all responsibilities for injuries of any nature incurred while participating in the Childcare Program and acknowledge that medical insurance is my responsibility.

By signing below, I agree to the terms and conditions of this Contract:

Parent/Guardian Name

Date	Signature
ACCEPTED BY: CASA ESPERANZA MONTESSORI INCORPO	DRATED
Name:	Title:
Date	Signature

Relationship to Child

Month	Before School Only	After School Only	Before & After School
August 1, 2024			
September 1, 2024			
October 1, 2024			
November 1, 2024			
December 1, 2024			
January 1, 2025			
February 1, 2025			
March 1, 2025			
April 1, 2025			
May 1, 2025			

Before and After School Installment Payments are based on the <u>158</u> days of the academic calendar (Excluding Early Release Days where afterschool services are NOT included). Payments are due even when the school is closed for part of the month for Intersessions, Federal and/or State Holidays, Teacher work days, and/or weather-related events.